



THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

BULLYING REPORTING FORM

This form **MUST** be completed to file a complaint relating to an incident of alleged bullying (*for the purpose of the form, bullying encompasses bullying, harassment, and discrimination*) and turned into the school administration.

YOUR NAME	GRADE
VICTIM NAME	GRADE
ACCUSED NAME	GRADE
HOME SCHOOL/DEPARTMENT OF VICTIM	TODAY'S DATE

Describe the location where the incident took place:

Describe the incident:

List all witness names and grades:

If you fear a student is in IMMEDIATE danger, please contact the police!

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List evidence of bullying (i.e. letters, photos, etc. – attach evidence if possible)

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature

Date

Name of person receiving Bullying Reporting Form

Date

If you fear a student is in IMMEDIATE danger, please contact the police!

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